

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila  
 1. County of \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. 411 Tulleville St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 215  
 County Registrar No. 10281030  
 Local Registrar No. \_\_\_\_\_

2. Full name of child \_\_\_\_\_  
 3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Dec 29 1924  
 7. Date of birth Month Dec day 29 year 1924

8. FATHER Full name <u>William Rogers</u>		14. MOTHER Full maiden name <u>Loretta Jane Wallace</u>	
9. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>miami Arizona</u> If nonresident, give place and state	
10. Color or race <u>W</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>England</u> (State or country)		18. Birthplace (city or place) <u>England</u> (State or country)	
13. Occupation <u>mill man</u> Nature of industry <u>Copper mining</u>		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 2  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 I hereby certify that I attended the birth of this child, who was still born at 4:30 A.M. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
 Signature J. Franklin (Physician or midwife)  
 Address miami, Arizona  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_

Filed Dec 31, 1924 C. E. Dwin Local Registrar.  
 Filed 1-3, 1925 Des Fox County Registrar.

Registrar. \_\_\_\_\_  
 \* Baby born before arrival of doctor; was dead  
098-1229-265